



STATE OF WASHINGTON SECRETARY OF STATE

Ralph Munro, Secretary of State

- Please PRINT or TYPE in black ink
- Sign, date and return original and one copy to:

CORPORATIONS DIVISION
505 E. UNION • PO BOX 40234
OLYMPIA, WA 98504-0234

- **Be sure to include filing fee.** Checks should be made payable to "Secretary of State"

APPLICATION TO FORM A PROFIT CORPORATION

(Per Chapter 23B.02 RCW)

FEE: \$175

**EXPEDITED (24-HOUR) SERVICE AVAILABLE – \$20 PER ENTITY
INCLUDE FEE AND WRITE "EXPEDITE" IN BOLD LETTERS
ON OUTSIDE OF ENVELOPE**

FOR OFFICE USE ONLY

FILED: / /	UBI:
CORPORATION NUMBER:	

IMPORTANT! Person to contact about this filing

Daytime Phone Number (with area code)

ARTICLES OF INCORPORATION

NAME OF CORPORATION (Must contain the word "Corporation" "Incorporated" or "Limited" or the abbreviation "Corp." "Inc." "Co." or "Ltd.")

NUMBER OF SHARES (Minimum of one (1) share must be listed)
THE CORPORATION IS
AUTHORIZED TO ISSUE

CLASS OF (If "preferred" class is checked, please attach description)
SHARES
☐ Common ☐ Preferred

EFFECTIVE DATE OF INCORPORATION (Specified effective date may be up to 90 days after receipt of the document by the Secretary of State)

☐ Specific Date: ☐ Upon filing by the Secretary of State

>>> PLEASE ATTACH ANY OTHER PROVISIONS THE CORPORATION ELECTS TO INCLUDE <<<

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT

Name

Street Address (Required) City State ZIP

PO Box (Optional – Must be in same city as street address) ZIP (If different than street ZIP)

I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Signature of Agent

Printed Name

Date

NAMES AND ADDRESSES OF EACH INCORPORATOR (If necessary, attach additional names and addresses)

Name

Address City State ZIP

Name

Address City State ZIP

Name

Address City State ZIP

SIGNATURE OF INCORPORATOR

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

Signature of Incorporator

Printed Name

Title

Date